

Customer Service
Office location - 7447 E. Indian School Road, Suite 110
Scottsdale, Az. 85251
or
9379 E. San Salvador Dr., Suite 100
Scottsdale, AZ 85258
Telephone - (480) 312-2400



TC- 2001

**LICENSE APPLICATION
MAGIC ARTS ESTABLISHMENT**

FOR CASHIER USE ONLY

THIS APPLICATION MUST BE FILED AND A LICENSE OBTAINED BEFORE YOU CAN LAWFULLY ENGAGE IN BUSINESS IN SCOTTSDALE. LICENSE FEES ARE NOT REFUNDABLE.

SECTION I. OFFICE USE ONLY

License Number

Sic. Code

Account Number

License Fee: **\$100.00**

Comments: _____

Make Check Payable To: City of Scottsdale

SECTION II. BUSINESS NAME, BUSINESS TELEPHONE, BUSINESS/RENTAL LOCATION AND START DATE

BUSINESS NAME (Individual, Company or "DBA", first name first)

Area Code

Business Telephone No.

STREET NO. (N,E,S,W)

STREET NAME

Type
(ST.DR.AV.)

STE./APT. NUMBER

City

State

ZIP

START DATE OF BUSINESS _____

SECTION III. BUSINESS MAILING ADDRESS, EMERGENCY TELEPHONE AND APPLICANT NAME

STREET NO. (N,E,S,W)

STREET NAME

Type
(ST.DR.AV.)

STE./APT. NUMBER

City

State

ZIP

Area Code

Emergency Number

APPLICANT NAME (Individual or Corporation/Partnership operating business. (First name First)

SECTION IV. BUSINESS OWNERSHIP AND RECORD LOCATION

1. TYPE OF OWNERSHIP: INDIVIDUAL ☐ LLC/PARTNERSHIP ☐ CORPORATION ☐ ;STATE OF INCORPORATION: _____

2. NAME OF OWNERSHIP, PARTNER(S) OR OFFICERS TITLE BIRTH DATE HOME ADDRESS HOME PHONE

3. LOCATION WHERE RECORDS ARE KEPT IF NOT AT BUSINESS:

NAME ADDRESS PHONE: _____

4. CORPORATE STATUTORY AGENT:

NAME ADDRESS PHONE: _____

SECTION V. BUSINESS TYPE, STATUS, IDENTIFICATION

5. **BUSINESS TYPE:** Retailer ☐ Service ☐ Wholesale ☐ Contractor ☐ Manufacturer ☐ Rental ☐

Describe nature of business _____

6. CHECK ONE: New owner of existing business ☐ or new Business ☐

7. If applicable, name of former business owner Permit No. _____

8. Name of Applicant's previous or other current business in Scottsdale Permit No. _____

9. IDENTIFICATION: # of Employees Soc. Sec. # _____

SECTION VI. BUSINESS PREMISES STATUS

10. CHECK ONE: A) Do you own your business premises? Yes ☐ No ☐ Is this your Residence Yes ☐ No ☐

B) If yes, do you rent or lease to another party? Yes ☐ No ☐ Your rental permit number if applicable _____

11. CHECK ONE: A) Do you rent your business premises from another party? Yes ☐ No ☐

B) If yes, Landlord's Name Address Phone _____

C) Do you sublease a portion of the business premises to another party? Yes ☐ No ☐

I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ACCEPT THE PERMIT AUTHORIZED AND ISSUED IN RESPONSE TO THIS APPLICATION WITH THE CONDITION THAT I REPORT TIMELY AND PAY ANY AND ALL TAXES DUE BY ME TO THE CITY. **INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.**

Date: _____

Signature of Owner, Partner or Officer